

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90016 044 ****50.00

DOCUMENT # L03000012948

1. Entity Name
CITILOFTS ON FIFTH, LLC



Principal Place of Business

1313 GRAY STREET
TAMPA, FL 33606

Mailing Address

1313 GRAY STREET
TAMPA, FL 33606

20063357



07012005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0895004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, GARY
1313 GRAY STREET
TAMPA, FL 33606

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COHEN, GARY
STREET ADDRESS	1313 GRAY STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGR
NAME	COHEN, COHEN
STREET ADDRESS	1313 GRAY STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGR
NAME	COHEN, ALEXANDER
STREET ADDRESS	1313 GRAY STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGR
NAME	COHEN, ADAM
STREET ADDRESS	1313 GRAY STREET
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7.9.05

Date

813-220-0808

Daytime Phone #